

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	IC NO.	DATE
FEE DETERMINATION	BA	70385	
O.I.P.E. CLASSIFIER	(KD)	57	2-25-99
FORMALITY REVIEW	CM	71632	3/2/99

INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral) ..... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

FNL

Claim	Final	Original	Date
1	✓	✓	2/10/99
2	✓	✓	2/10/99
3	✓	✓	2/10/99
4	✓	✓	2/10/99
5	✓	✓	2/10/99
6	✓	✓	2/10/99
7	✓	✓	2/10/99
8	✓	✓	2/10/99
9	✓	✓	2/10/99
10	✓	✓	2/10/99
11	✓	✓	2/10/99
12	✓	✓	2/10/99
13	✓	✓	2/10/99
14	✓	✓	2/10/99
15	✓	✓	2/10/99
16	✓	✓	2/10/99
17	✓	✓	2/10/99
18	✓	✓	2/10/99
19	✓	✓	2/10/99
20	✓	✓	2/10/99
21	✓	✓	2/10/99
22	✓	✓	2/10/99
23	✓	✓	2/10/99
24	✓	✓	2/10/99
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42	✓	✓	2/10/99
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44	✓	✓	2/10/99
45	✓	✓	2/10/99
46	✓	✓	2/10/99
47	✓	✓	2/10/99
48	✓	✓	2/10/99
49	✓	✓	2/10/99
50	✓	✓	2/10/99

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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